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7 The Honorable Ricardo S. Martinez
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**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

10 WASHINGTON STATE ASSOCIATION OF HEAD
11 START AND EARLY CHILDHOOD ASSISTANCE AND
12 EDUCATION PROGRAM, ILLINOIS HEAD START
13 ASSOCIATION, PENNSYLVANIA HEAD START
14 ASSOCIATION, WISCONSIN HEAD START
ASSOCIATION, FAMILY FORWARD OREGON, and
PARENT VOICES OAKLAND,

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16 *Plaintiffs,*
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20 v.
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ROBERT F. KENNEDY, JR., in his official capacity as
Secretary of Health and Human Services; U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES;
ANDREW GRADISON, in his official capacity as Acting
Assistant Secretary of the Administration for Children and
Families; ADMINISTRATION FOR CHILDREN AND
FAMILIES; OFFICE OF HEAD START; and TALA
HOOBAN, in her official capacity as Acting Director of
the Office of Head Start,

Defendants.

Case No. 2:25-cv-00781-RSM

**DECLARATION OF LAURI
MORRISON-FRICHTL IN
SUPPORT OF PLAINTIFFS'
MOTION FOR
TEMPORARY
RESTRAINING ORDER/TO
POSTPONE EFFECTIVE
DATE OF AGENCY
ACTION**

NOTE ON MOTION
CALENDAR: JULY 21, 2025

1 I, Lauri Morrison-Frichtl, hereby attest as follows:

2 **I. BACKGROUND**

3 1. I am over eighteen years old, of sound mind, and fully competent to make this
4 declaration. I have personal knowledge of the factual assertions set forth below.¹

5 2. I have served as the Executive Director of the Illinois Head Start Association
6 (Illinois HSA) since 2006. As Executive Director, I am responsible for directing all operations
7 of the Association, including planning and organization, communication, professional and
8 leadership development, advocacy and partnership building, and financial management of the
9 organization. Prior to joining Illinois HSA, I worked as a Training and Technical Assistance
10 specialist at The Ohio State University and also served as Director of a Head Start program in
11 Illinois. I earned a Bachelor's degree in Speech Pathology from Ball State University in 1986
12 and a Master's degree in Education from Western Michigan University in 1988.

13 3. Illinois HSA is a 501(c)(3) non-profit, non-partisan association of federally
14 recognized Illinois Head Start and Early Head Start grantee and delegate agencies in operation
15 since 1978. Illinois HSA acts as the voice of Illinois Head Start and Early Head Start programs,
16 staff, and parents, serving over 28,800 children and their families in all 102 counties in Illinois.

17 4. Illinois HSA's mission is to provide guidance and support to Illinois Head Start
18 and Early Head Start programs to ensure their ongoing viability and vitality to operate high
19 impact, community driven services for Illinois' most vulnerable children and families. Illinois
20 HSA advocates for its members at the federal, state, and local levels, offers professional
21 development and training resources for Head Start agencies and their staff, and provides
22 opportunities for parents and families to connect, share, and grow. Recently, this has included
23 building awareness and leading advocacy efforts regarding Head Start and Early Head Start
24 programs, leading collaboration and partnerships in the early childhood education space in

25
26
27 ¹ I also incorporate into this declaration the information contained in the declaration I submitted in support of
Plaintiffs' Motion for a Preliminary Injunction, filed on May 16, 2025. ECF No. 41.

1 Illinois, sponsoring professional and leadership development opportunities, and developing
2 supportive resources for our members. Illinois HSA maintains regular contact with its
3 members, including issuing a weekly newsletter; hosting a weekly “huddle” for members to
4 share information, raise questions, and provide feedback; leading monthly meetings with Head
5 Start program directors; and maintaining social media accounts to keep members informed and
6 offer informal networking opportunities.

7 5. Illinois HSA’s funding is comprised of membership dues, fees generated from
8 professional development opportunities offered to members, and contracts and grants from
9 outside entities. Illinois HSA has a staff of two full-time employees (myself and a Director of
10 Learning) and two part-time employees (a Director of Operations and a Director of Member
11 Engagement and Outreach).

12 6. Illinois HSA is governed by a Board of Directors made up of the Directors of
13 Illinois Head Start agencies and other stakeholders in the early childhood education field,
14 including Head Start staff, parents, and community partners. The Board oversees the staff and
15 functions of the Illinois HSA, including setting the strategic direction and providing oversight
16 for the Association.

17 7. Over the course of my tenure with the Illinois HSA, the focus and priorities of
18 the Association have changed over time to meet the needs of our members – for example,
19 providing additional supports to members serving immigrant and refugee populations; offering
20 resources for children with disabilities in response to increased diagnoses of autism and
21 developmental disabilities; developing supports for children and families involved with the
22 child welfare system; and adapting to changes during and after the COVID-19 pandemic to
23 support the behavioral and physical needs of children and families. Illinois HSA conducts a
24 comprehensive needs assessment twice each year to ensure that it is offering resources and
25 services targeted at the current needs of its members and the communities they serve.

1 **II. MEMBERSHIP OF THE ILLINOIS HEAD START ASSOCIATION**

2 8. The membership of Illinois HSA includes 51 federally recognized Head Start
 3 agencies and 84 delegate agencies operating 513 program sites statewide. Four of the 51
 4 agencies are operated by city or state government entities; three are housed within public
 5 universities; and five are run by local school districts.

6 9. Illinois HSA members serve over 28,800 low-income children and their
 7 families in all 102 counties in Illinois. Of the total Illinois Head Start population, 14.3 percent
 8 are children with disabilities; 3.8 percent are children in foster care; and 7.9 percent are
 9 children experiencing homelessness. Nearly two-thirds are children of color, with 41 percent
 10 identifying as Black and 36 percent identifying as Hispanic. They live in communities ranging
 11 from Chicago, the third largest city in the country, to rural farming areas. To meet these widely
 12 and richly diverse needs, Illinois HSA members offer an equally wide array of services,
 13 including initiatives focusing on school-readiness for Black boys (which has recently been
 14 discontinued); English language learning and job placement resources for immigrant parents;
 15 on-site health clinics and food pantries; and regular staff training to reduce bias and improve
 16 equitable access to all Head Start services.

17 10. Illinois HSA also has members who operate Migrant and Seasonal Head Start
 18 programs, who serve 360 children in Illinois via seven delegate agencies strategically located
 19 across the State. These programs adapt their calendar to the summer months to accommodate
 20 the unique schedule and needs of agricultural workers in Illinois's seed corn fields, before the
 21 children and their families traditionally move on to other locations.

22 11. In 2024, Illinois HSA members received approximately \$479 million in federal
 23 Head Start grants. Members use these funds to tailor programs to meet the needs of eligible
 24 children and families, as well as for continuing education, training, and professional
 25 development like that provided by Illinois HSA. The grant funds are not distributed directly to
 26 any individual child or family.

1 **III. SERVICES PROVIDED BY ILLINOIS HEAD START ASSOCIATION**

2 **MEMBERS**

3 12. I understand that Head Start agencies must recruit participants from all parts of
4 their communities, including traditionally underserved populations, and they must also include
5 families and community members in the development and implementation of local Head Start
6 programs. This begins with the Community Assessment, described in the Head Start
7 Performance Standards as the “community-wide strategic planning and needs assessment.” It
8 is an essential first step in designing a program that meets the needs of local children and
9 families. Data from the Community Assessment is used to develop program-wide goals for the
10 provision of responsive, high-quality services.

11 13. Members of Illinois HSA serve significant populations of immigrant, refugee,
12 and other limited English proficient families throughout the state; for example, we know based
13 on the information gathered through their community assessments that approximately 33
14 percent of children are dual language learners. Consistent with the Head Start Performance
15 Standards, to best serve these populations HSA members prioritize dual language services in
16 the classroom; provide written recruitment materials in multiple languages to ensure all eligible
17 families are aware of the services available; offer simultaneous translation services during
18 parent meetings to support engagement; and provide referral resources for immigration
19 matters.

20 14. Illinois HSA members collaborate closely with families to understand their
21 unique needs, values, and goals. They solicit parent input in program planning, policy-making,
22 and continuous improvement efforts, ensuring that services are aligned with the real needs of
23 the community. They host multicultural events and invite families to share their customs,
24 languages, and experiences with the children and staff, and they provide books, literacy
25 materials, and family communications in multiple languages reflective of enrolled families,
26 including simultaneous translation services at parent meetings to help break down barriers to
27 full family engagement for limited English speakers.

1 **IV. IMMIGRATION STATUS HAS NEVER BEEN INCLUDED IN HEAD START**
 2 **ELIGIBILITY CRITERIA**

3 15. I understand that since the Head Start Act was originally enacted, immigration
 4 status has never been included among the eligibility criteria, and Illinois HSA members do not
 5 screen applicants for eligibility based on immigration status. Illinois HSA members have come
 6 to rely on this practice, and requiring them to do so now would be incredibly burdensome, and
 7 would likely discourage enrollment for the reasons discussed here.

8 16. Our members do not have infrastructure in place to verify immigration status
 9 for individual applicants and families. Head Start agencies already collect a substantial amount
 10 of personal information regarding the children and families participating in their programs
 11 including, for example: dates of birth, race and ethnicity, primary and secondary language,
 12 parent and guardian employment and education information, 12 months of income
 13 documentation, housing status, household member information, SNAP/TANF/SSI status,
 14 health and medical history, and more.

15 17. For families experiencing homelessness, however, the McKinney-Vento Act
 16 instructs states and school districts to remove barriers to identifying and enrolling eligible
 17 children, which means that when these families are unable to provide the typical
 18 documentation, they are not required to do so.

19 18. Requiring Head Start agencies to verify immigration status, on top of the
 20 already burdensome application process, would require significant financial, personnel, and
 21 time from Illinois HSA members. For example, several members anticipate they would need
 22 to hire or reassign additional administrative staff to manage the increased workload in order to
 23 meet application and enrollment deadlines for the 2025-2026 school year. Staff will also
 24 require training about the types and definitions of various immigration statuses, which statuses
 25 qualify for eligibility, and the types of documentation sufficient to prove statuses. Agencies
 26 may also need additional recordkeeping or IT resources to verify the validity of the
 27 documentation submitted and store this sensitive information securely. Moreover, because

1 families themselves may not know how to accurately articulate their immigration status, this
2 would compound the burden on our members.

3 **IV. THE IMMIGRANT EXCLUSION DIRECTIVE IS VAGUE AND AMBIGUOUS,**
4 **AND ILLINOIS HSA MEMBERS ARE UNCERTAIN HOW TO COMPLY**

5 19. I am aware that on July 14, 2025, the Department of Health and Human Services
6 published a Notice of Interpretation (the “Immigrant Exclusion Directive”) of the term “federal
7 public benefit” as used in the Personal Responsibility and Work Opportunity Reconciliation
8 Act (“PWRORA”). The Immigrant Exclusion Directive provides no guidance to Illinois HSA
9 members on how to comply with its terms under existing law.

10 20. For example, I understand that under PRWORA, “nonprofit charitable
11 organizations” are exempt from any requirement to verify the immigration status of applicants.
12 But the Immigrant Exclusion Directive highlights that nothing in the statute prohibits
13 nonprofits from conducting verification, and it warns that “all entities . . . should pay heed to
14 the clear expression of national policy described above.” Faced with this thinly veiled threat,
15 Illinois HSA nonprofits are caught between relying on the statutory exemption or facing the
16 uncertainty of potential False Claims Act liability or other penalties if they do not voluntarily
17 comply with this “policy.”

18 21. The Immigrant Exclusion Directive does not specify whether eligibility will be
19 determined based on the immigration status of the child, the parent or other family member, or
20 both. For example, based on my general understanding of the composition of the immigrant
21 population in the state, Illinois HSA members are likely serving many U.S. citizen children
22 whose parents are undocumented or present in the United States with temporary protected
23 status or student or other temporary visas. And programs traditionally collect information
24 related to the parents or household – e.g., income verification – to determine the eligibility of
25 the child. Further, Early Head Start programs also provide services to pregnant women. Are
26 those programs expected to consider the immigration status of the pregnant mother or the
27

1 unborn child? The policy does not address this key issue of whose immigration status must be
 2 determined to qualify for enrollment.

3 22. The Immigrant Exclusion Directive also does not specify whether programs are
 4 expected to verify the immigration status of children who are already enrolled – and if so, when
 5 and how often. Under the Head Start Act, once a currently enrolled child has been determined
 6 to meet the eligibility criteria, that child is considered to meet the criteria through the end of
 7 the succeeding program year. The Immigrant Exclusion Directive states that it is effective
 8 immediately, but it does not indicate whether programs are expected to re-evaluate already
 9 enrolled children to screen for immigration status immediately, or on some other timeframe.

10 **V. HARM TO ILLINOIS HSA MEMBERS FROM IMMIGRANT EXCLUSION
 11 DIRECTIVE**

12 23. Since this Administration issued its Executive Orders directing agencies,
 13 including HHS, to stop providing services to “illegal aliens,” Illinois HSA members have seen
 14 declines in attendance and enrollment among immigrant families – regardless of their legal
 15 status – due to concerns of immigration consequences. They anticipate that the Immigrant
 16 Exclusion Directive will exacerbate this trend, particularly now as Illinois HSA members are
 17 currently “knee deep” with enrolling children and getting ready to start a new school year.
 18 Most of the programs have completed their recruitment efforts and are now working with
 19 families to get the child’s developmental screening completed, along with all the health
 20 screenings (lead, TB, immunizations, etc.)

21 24. I understand that the Head Start Act instructs agencies to prioritize enrollment
 22 of limited English proficient students, many of whom may no longer be eligible under the new
 23 policy. Further, requiring Head Start agencies to identify and “weed out” applicants based on
 24 immigration status would create a chilling effect on participants who remain eligible. This
 25 policy would likely discourage enrollment of otherwise eligible children due to the fear that
 26 participation could negatively impact their parents’ immigration status—for example, by
 27 deeming them a “public charge” and limiting their ability to adjust their immigration status.

1 25. Maintaining eligibility for Head Start services regardless of immigration status
2 allows families to participate without fear of these repercussions, and it allows agency staff to
3 maintain trust with the local community—an important consideration for recruitment,
4 retention, and overall quality of the services provided.

5 26. Though Illinois HSA members do not maintain routine records on immigration
6 status, based on their familiarity with the children, families, and communities served, some
7 members anticipate their enrollment could decline by 20% or more – including both children
8 who are no longer eligible and otherwise eligible families who are deterred from participating
9 due to this new policy.

10 27. For example, one Illinois HSA member operates a program in a lower income
11 neighborhood that is 80% Latino. Though this member does not collect information on
12 immigration status, they are aware that undocumented residents make up a significant portion
13 of the local community, and by extension they likely comprise a good number of the families
14 they serve. In recent months, even before the Immigrant Exclusion Directive was published,
15 families have raised concerns about immigration-related consequences of remaining in the
16 program, and this member has seen significant attendance issues since January of this year.
17 Similarly, two other Illinois HSA members estimate that about 45% of the children they serve
18 belong to immigrant families, at least some significant proportion of whom include family
19 members who are undocumented. Both organizations have noted a consistent decrease in
20 attendance compared with enrollment since January of this year.

21 28. For one government agency member in a community with a significant refugee
22 population, the chilling effect is particularly noticeable in the Early Head Start home visiting
23 program, in which staff members provide home-based services for children age zero to three
24 and their families. This program typically experiences high turnover, and reluctance by local
25 families to participate will only exacerbate enrollment concerns, because they will feel
26 vulnerable with sharing information about where they live for fear of it being shared with
27 federal immigration enforcement agencies

1 29. Another Illinois HSA member serves a significant number of children whose
 2 parents attend the local university on student visas. Based on the definition of “qualified alien”
 3 under PWRORA, it is this member’s understanding that those children and families would no
 4 longer be eligible, which will impact their overall enrollment. Whether this member’s
 5 understanding is correct or not, I cannot say, but it highlights the problem of potentially eligible
 6 families not accessing Head Start because of confusion about whether or not they are eligible.

7 30. Decreased enrollment will in turn impact the ability of Illinois HSA members
 8 to comply with the terms of their grants. At the same time, the Office of Head Start has
 9 increased enforcement of its full enrollment initiative. In recent weeks, at least two large
 10 programs in the Chicago area have received letters notifying them that OHS will be recapturing
 11 funding due to under-enrollment. This loss of funding forces programs to lay off staff –
 12 including staff with linguistic and cultural competency to serve the diverse needs of their
 13 communities – and diminishes the overall quality of services that the program is able to provide
 14 for the children who remain enrolled.

15 31. Moreover, requiring Head Start program staff to inquire into and screen for
 16 immigration status diverts from the core operation of their programs. Several Illinois HSA
 17 members note concerns from their staff that they will be forced to participate in immigration
 18 enforcement efforts that are inconsistent with the mission of their programs – to serve the most
 19 vulnerable children and families in their communities. These members also raise concerns that
 20 they may lose staff if they are required to comply with this new policy.

21 **VI. HARM TO CHILDREN AND FAMILIES FROM THE IMMIGRANT
 22 EXCLUSION DIRECTIVE**

23 32. As discussed above, Illinois HSA members estimate that enrollment may
 24 decline by 20% or more due to this new policy. I understand that HHS itself estimates that
 25 about 16% of currently enrolled children will be impacted. Relying on the Department’s figure,
 26 this translates to at least 4,608 children and their families statewide who will lose access to
 27 high quality early childhood education services in Illinois.

1 33. If children from immigrant families are no longer eligible to participate in Head
 2 Start, or are deterred from attending due to fears of immigration or other consequences, they
 3 will not only lose access to quality early childhood and educational readiness for primary and
 4 secondary education relative to their peers, but they will also lose out on the supplemental
 5 services Head Start affords them to support their health and development, including access to
 6 routine developmental screenings, physical and mental health services, nutritious meals, and
 7 supports for children with disabilities, such as speech, occupational, and physical therapy.

8 34. Immigrant parents and families will either be unable to work and go to school
 9 to support their children, or they may be forced to leave their children in unsafe environments
 10 to continue providing for their families. They will also be deprived of the resources Head Start
 11 programs offer to parents and caregivers, such as parenting classes, housing assistance, and job
 12 placement services.

13 35. The uncertainty about how this policy will be implemented and enforced puts
 14 immigrant families in an impossible position. For example, families participating in a Head
 15 Start program run by a nonprofit organization may not be asked about their immigration status,
 16 if that program decides to rely on the screening exemption provided by PWRORA. If parents
 17 enroll their child, assuming they are eligible, but later learn they don't qualify, they could face
 18 immigration consequences or other penalties.

19 36. Even non-citizen families who remain eligible as "qualified aliens" may be
 20 reluctant to enroll their children for fear that participation will be used to declare them a "public
 21 charge" and prevent them from applying for permanent residency, citizenship, or otherwise
 22 adjusting their status.

23 **VII. HARM TO ASSOCIATION FROM THE IMMIGRANT EXCLUSION**

24 **DIRECTIVE**

25 37. The new policy will also directly harm the Illinois HSA, including by impairing
 26 its ability to fully engage in its core work of training, technical assistance and advocacy that it
 27 carries out for its members.

1 38. Illinois HSA's small staff and limited resources will be burdened by the need to
2 respond to the Immigrant Exclusion Directive, including to address the justified fear and
3 understandable confusion from members and the families they serve, given the significant
4 impact on their lives.

5 39. Illinois HSA will have to divert staff time and resources away from its core
6 activities to educating its members on how to navigate compliance with the new policy,
7 including counseling the communities on how to avoid running afoul of the new policy.

8 40. This will mean Illinois HSA staff have less time and fewer resources to work
9 on other critical issues, such as state-level policy and systems work related to Illinois's current
10 efforts to consolidate all early childhood services under a new Department of Early Childhood.

11 41. The Immigrant Exclusion Directive will also likely cause Illinois HSA to lose
12 members, because the decline in enrollment may mean their grants will be terminated or
13 because they cannot otherwise afford or justify the expense of Illinois HSA's membership
14 dues.

15 42. This could force Illinois HSA to reduce staff, or shutter altogether, as the
16 majority of the Association's funding comes from dues paid by its members.

17 **VIII. BENEFIT OF ENJOINING THE IMMIGRANT EXCLUSION DIRECTIVE**

18 43. Enjoining the Immigrant Exclusion Directive would protect Illinois HSA and
19 its members from distractions and diversion of resources necessary to address the harms, panic,
20 and misinformation it will cause if it goes into effect.

21 44. A Temporary Restraining Order would allow Illinois HSA and its members to
22 focus on critical longer-term projects to ensure members meet the obligations of the Head Start
23 Act, including providing essential quality early childhood education for the State's most
24 disadvantaged children.

25 45. A Temporary Restraining Order would protect children and families from
26 unintended consequences caused by the new policy, in particular the ambiguities that remain
27 about which children remain eligible for Head Start services and how programs are expected

1 to comply with these new requirements – ambiguities that could result not only in eligible
2 children being denied services, but in negative immigration consequences to those children
3 and their families.

4 46. A Temporary Restraining Order will also help to prevent the chilling effect of
5 this new policy which, if it is allowed to go into effect, will prompt otherwise eligible families
6 to withdraw their children due to fear about the consequences of continuing to participate.

7
8 Pursuant to 28 U.S.C. § 1786, I declare under penalty of perjury that the foregoing is
9 true and correct.

10
11 Dated: July 21, 2025



12 Lauri Morrison-Frichtl